

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF SIAYA

**DEPARTMENT OF EDUCATION, YOUTH AFFAIRS, GENDER AND SOCIAL SERVICES
SIAYA COUNTY EDUCATION BURSARY FUND (SCEBF)**

Email: siaya.eyags@gmail.com

BURSARY APPLICATION FORM-2021/2022

INSTRUCTIONS

- 1. Incomplete SCEBF Bursary Application form will not be processed**
2. This form must be filled in **BLOCK LETTERS**.
3. Each Applicant **MUST** attach a certified copy of his/her institution's fees statement.
4. Each Applicant **MUST** ensure to fill in correct institutional Email **Addresses, Bank Details of the institution i.e bank name, branch and account number**. In addition provide a working mobile number of the institution.
5. For **Total** and **Partial Orphans**, ensure that you attach copies of Death Certificates, Burial Permit or a letter from your area Chief.
6. For any student with a disability attach a letter explaining the nature of disability from a Chief, Assistant Chief, Head teacher, Government medical Officer or Religious leader.
7. It is important that the applicant declares other bursary Fund Support he/she is currently receiving.
8. The Applicant **must** only apply in his/her Ward. Double application will be rejected in totality.
9. The filled form should be returned to respective **Ward Administrator's** office latest by **4th July, 2022 at 4.00 pm**. All applications should be acknowledged by the ward office.

NB: Forgery and making of illegal rubberstamps are criminal offences. Any applicant who commits such offences shall be charged in a court of law.

PART 1: GENERAL INFORMATION (Use block letters)

Year of Application.....County..... Sub-County.....
 Ward.....Sub-Location.....Village.....

PART 2: STUDENT PERSONAL DATA:

(a) Student's Name.....

Surname First Middle

(b) Sex: Male Female (Tick one only)

(c) Year of Birth..... Month.....Day.....

(d) Disability (if any): State Type.....

(e) Father's name.....IDNO.....Mobile NO.....

(f) Mother's name.....IDNO.....Mobile NO.....

OR

(g) Guardian's name.....ID NO.....Mobile NO.....

(h) Relationship to the Guardian.....

(i) Who pays for your fees: (i)Father (ii) Mother (iii) Guardian

(iv)A well-wisher (v) sponsor (Tick one only)

PART 3: EDUCATION DATA/INSTITUTION DETAILS

(a) Name of Secondary School

(b) P.O BOX.....Tel/Mobile No..... Email Address:

(c) Year of Admission..... Admission No.....Form/Class.....

(d) Category of School National County Sub-County (Tick as appropriate)

(Attach Evidence i.e. either admission letter or report form)

PART 4: FEES PAYABLE FOR THE YEAR

(a) Total Fees Payable.....

(b) Total Fees Paid..... Balance

(c) Amount applied for.....

Nb: National schools: kshs 20,000 Boarding schools: kshs 10000 Day schools: kshs 5000

(Attach certified copy of current fee structure) or fees balance statement duly certified by the Principal)

PART 5: FAMILY STATUS INFORMATION

(a) Both Parents alive: Both Parents dead

(b) One Parent Alive

(c) Single Parent Alive Single Parent Dead (Tick one only)

(Attach a death certificate /burial permit or Letter from Chief or Assistant Chief)

(d) Family's main source of income :.....Total income per Year Ksh.....

(e) **State why you are not able to pay your school fees**

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(f) **OTHER SIBLINGS IN SCHOOL/COLLEGES/UNIVERSITY**

Name of student	Institution	Form/Year	Total/Fee(Ksh)	Paid (Ksh)	Balance (Ksh)
Total Fee Burden Per year					

PART 6: STATUS OF BURSARY RECEIVED (If any)

- (a) How much SCEBF Bursary did you receive in the last financial year? Kshs.....
- (b) Are you a beneficiary of any other Bursary Scheme? (i) Yes (ii) No **(tick one only)**
- (c) If yes, specify (i)..... (ii).....
- (d) How much did you receive from (c) above, last financial year? Ksh.....

PART 7: VERIFICATION, DECLARATION AND RECOMMENDATION

(A)STUDENT'S DECLARATION:

I declare that the information given above is true:

Name.....Signature.....Date.....Mobile No.....

(B)PARENT'S/GUARDIAN'S DECLARATION

I declare that I have read this form or this form has been read to me and hereby confirm that information given is true.

Name.....Signature/thumbprint.....Date:.....Mobile No.....

(C) IMMEDIATE PRIMARY SCHOOL HEAD TEACHERS'S DECLARATION

(I)Year of Admission..... KCPE Result: Marks.....Grade.....

(ii) Discipline: Excellent Very Good Good Fair Poor

(iii) Recommendation on level of need, Discipline and Academic performance:

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I declare that the above named was a pupil in this school and the information given is true

Name Signature Date..... Mobile No.....

D) PRINCIPAL'S DECLARATION

(I) Year of Admission.....

(II) Position in class/Form: Term I Term II Term III..... (Certify the attached copy of the report form)

Excellent: Very Good Average Below Average

(iii) Total Fees Outstanding Kshs

(iv) Student's Discipline:

Excellent: Very Good Good Fair poor (Tick one option only)

(v) Principal's comments on the level of need, Discipline and academic Performance.

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Account particulars of the school:

Name of bank: Branch: Account number:

Bank code:

NB: PLEASE NOTE THAT THIS IS VERY IMPORTANT FOR WIRING FUNDS FOR SUCCESSFUL APPLICANTS. NO CHEQUES WILL BE ISSUED.

I confirm that the School/institution is registered by the Ministry of Education

Reg. No and that the above named is a student in this school and that the information given above is true.

Name: Signature: Date:.....

Mobile No:

School Email Address: Rubber stamp.....

E) CHIEF/ ASSISTANT CHIEF'S OR RELIGIOUS LEADER'S REMARKS ON THE STATUS OF THE FAMILY/PARENTS AND DISABILITY OF THE STUDENT (if any)

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(i) Certify that the information given above is true

Name:Signature:.....Mobile No:.....

Date:

Stamp:

PART F: DECLARATION BY THE WARD EDUCATION BURSARY FUND.

(c) Total Score

(d) General remarks

RECOMMENDATION:

PART A

i. Not Deserving

ii. Deserving

iii. Most deserving

Signed:

CHAIRMAN:

Name.....Signature..... Date.....

SECRETARY:

Name.....Signature..... Date.....

PART B: DECLARATION BY THE SIAYA COUNTY EDUCATION BURSARY COMMITTEE

REMARKS (IF ANY)

RECOMMENDATION

(I) Not deserving

(II) Deserving

(III) Most deserving

CHAIRMAN:

Name.....Signature.....Date.....

SECRETARY:

Name.....Signature.....Date.....